

Environmental and Archeological Assessment

TO: Cdr, 1st CAS Bn
ATTN: ATZC-B-C
Range Scheduling

THRU: Cdr, USAABACENFB
ATTN: ATZC-DOE
Ft Bliss, TX 79916

FROM

Request the location described below be evaluated for environmental and archeological impact. Request approvals, changes and restrictions be noted as appropriate.

Signature (Unit Cdr/S-3)

Date

Type of operations: _____

Start Date: _____ End Date: _____ Number of Personnel: _____

Number of Vehicles: Total: _____ Track: _____ Wheel: _____

Maneuver Area	Activity	Grid Coordinates	Changes/Restrictions

REMARKS:

LOCATION FOR OPERATION/ACTION IS: _____
(Note: Required for Off-Post units only) _____ Recommend approval _____ Recommend approval with changes

DP/TMS Representative

Date

LOCATION FOR OPERATION/ACTION IS: _____
_____ Recommend approval _____ Recommend approval with changes

DOE Representative

Date

Requesting unit agrees with and will implement
the evaluation action with noted restrictions/changes.

Signature of Unit Representative